

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

GILL

Application No.: 10/622,894

Filed: 07/18/2003

For: IMPROVED HARD BIAS STRUCTURE WITH
ANTIPARALLELE LAYERS

Attorney Docket No.: HIT1P029/

HSJ920030109US1

Examiner: HEINZ, Allen J.

Group Art Unit: 2653

Date: August 17, 2005

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, Alexandria, VA 22313-1450 to fax number (571) 273-6300 on the date noted above.

Signed:

April U. Skovmand

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 2233-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Percent <u>Extra</u>	<u>SMALL ENTITY RATE FEE</u>	OR	<u>LARGE ENTITY RATE FEE</u>
TOTAL CLAIMS	<u>19</u> -	<u>20</u>	<u>0</u>	X25 = \$	OR	X50 = \$ 0
INDEP CLAIMS	<u>5</u> -	<u>03</u>	<u>2</u>	X100 = \$	OR	X200 = \$400
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$0		\$0
TOTAL				\$		\$ 400

Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action.Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-2587.

Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.

If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-2587 (Order No. HIT1P029). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,
Zilka-Kotab, PC



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(Revised 1/96)